

{Facility Logo/Letterhead}

{Address of Recipient}

{DATE}

Dear **{Formal Name}**:

{Facility name} regrets that due to **{List reasons defined in Step 2 of Worksheet}** based upon **{List documentation and/or any supportive information available to support notification}** **{Resident's name/you}** can no longer reside at **{Facility name}**.

[You have under Administrative Rules of Montana (ARM) 37.106.2824 thirty (30) days in which to relocate. The date you are expected to move out is **{DATE}**]

OR

[Due to **{list reasons included in 37.106.2824 (3) (a-c) from STEP 2 of Worksheet}** **{Resident's name/you}** must relocate by **{DATE}** which, under ARM 37.106.2824 (3) does not require a thirty (30) day notice.]

Please inform us as soon as possible the location to which {Resident's name/you} will be moving to.

{Resident's name/you} have the right to appeal this action by submitting a written request for a fair hearing to the Department of Public Health and Human Services, Office of Fair Hearings, P.O. Box 202953, Helena, MT 59620-2953, within 30 days of this notice of discharge. The request for appeal of a discharge does not automatically stay the decision of this facility to transfer or discharge **{you/the resident}**. The hearing officer may, for good cause shown, grant a resident's request to stay the facility's decision

pending the hearing. Enclosed is a copy of **ARM 37.5.304, 37.5.305, 37.5.307, 37.5.313, 37.5.322, 37.5.325, and 37.5.334** for further details regarding the conduct of a fair hearing.

If you have need of further information please do not hesitate to contact us or your local Ombudsman, who is **{Ombudsman name and phone number}**.

Sincerely yours,

{Administrator or appropriate facility staff member}

Enclosures:

Supportive Documentation

Fair Hearings and Contested Case Proceedings ARMs